

**Utah CTE Skill Certification**  
**UTAH ENDORSED MEDICAL OFFICE ADMINISTRATIVE ASSISTANT / MEDICAL ASSISTANT**  
**Skill Certification Application Form**  
*(Summary Score Sheet)*

**For Students Who Have Successfully Achieved Benchmarks 1-2 and/or 1-4**

**Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**District:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Student Name (PRINT)	Birthdate	Adult		High School Student "X"	Benchmark 1	Benchmark 2		MOAA Endorsement "X"	Benchmark 3	Benchmark 4		Benchmark Avg Score (%)	MA Endorsement "X"
		"X"	MAP or MT Cert?		Written Score	Written Score	Performance Met?		Written Score	Written Score	Performance Met?		

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**USOE Program Specialist Signature**

*Both the Instructor and CTE Testing Coordinator must keep this document on file for two years. Additionally, the Instructor must keep the student's Performance Evaluation Score Sheet on file for two years.*